



HOME Tenant Based Rental Assistance

ASSET VERIFICATION

RE: _____ Social Security Number: _____

Applicant's Name (print) _____

Dear Financial Institution:

The person referenced above is a participant in a federally assisted housing program. Federal regulations require that we verify all assets of program participants and their household. Please complete all the information below. Thank you for your assistance.

By signing below, I authorize the release of this information.

Participant's Signature

Date

As of this Date: _____, the real estate property belonging to

Owner Name: _____

has been assessed at the value of \$_____. This property is located at

Street Address _____

City _____ State _____ Zip _____

I certify that this information is accurate.

Signature (property valuation administrator) _____

Name (print) _____

Name of Financial Institution: _____

Telephone Number _____ Date _____

Address _____ City _____ State _____ Zip _____

PLEASE RETURN TO:

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the United States or to any matter within its jurisdiction.